

NEWTON COUNTY WATER & SEWERAGE AUTHORITY  
APPLICATION FOR SERVICE

APPLICATION FEE: \$50.00

CUSTOMER NAME: \_\_\_\_\_ CO-APP NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ LOT #: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

RECEIVE BILL BY EMAIL    OR     RECEIVE BILL BY MAIL

START SERVICE ON: \_\_\_\_\_

TRANSFER: YES/NO    PREVIOUS ADDRESS: \_\_\_\_\_    DISCONNECT DATE: \_\_\_\_\_

HOME #: \_\_\_\_\_    CO-APP HOME #: \_\_\_\_\_

WORK #: \_\_\_\_\_    CO-APP WORK #: \_\_\_\_\_

CELL #: \_\_\_\_\_    CO-APP CELL #: \_\_\_\_\_

SSN: \_\_\_\_\_    CO-APP SSN: \_\_\_\_\_

DRIVERS LIC #: \_\_\_\_\_    CO-APP D.L. #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_    CO-APP D.O.B.: \_\_\_\_\_

EMAIL: \_\_\_\_\_    CO-APP EMAIL: \_\_\_\_\_

EMPLOYER NAME & ADDRESS    CO-APP EMPLOYER NAME & ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCE: (preferable a relative, if living in GA) NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

To induce Newton County Water & Sewerage Authority to accept this application, the Applicant unconditionally agrees to comply with all the Authority rules and regulations, and to promptly pay for all water used. This includes all late fees and other charges as they may apply. The Applicant further acknowledges sole responsibility for any accrued cost by the Authority to cause replacement or repair to Applicant's water service due to damage and/or tampering. I consent to receiving emails, texts (SMS), auto-dialed and or artificial or pre-recorded message to my cellular phone or to any telephone number or email provided by me to NCWSA, without limitation, any account management companies and independent contractors including debt collectors.

**SIGNATURE:** \_\_\_\_\_    **DATE:** \_\_\_\_\_

\*\*\*Return the completed application, a copy of your driver's license, a copy of your settlement statement or lease agreement, along with a check or money order for the \$50.00 application fee to NCWSA, 11325 Brown Bridge Road, Covington, GA 30016 to apply for service. The information above may also be submitted by email to [info@ncwsa.us](mailto:info@ncwsa.us) or faxed to 770-385-3966 and the fee paid by phone using Visa, Master Card, and Discover. A Customer Service Representative will contact you for your credit card information once the application has been entered. We will need to complete your application one day before the service should be put into your name because we are next business day service. \*\*\*